

## 20\_\_ – 20\_\_ Kentucky Pride Fund Recycling Grant Quarterly Report

Applicant Name: \_\_\_\_\_ Date Submitted to Division: \_\_\_\_\_

**PRINT** Name of Person Completing Report: \_\_\_\_\_**SIGNATURE** of Person Completing Report: \_\_\_\_\_**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_**ALL APPLICANTS ARE REQUIRED TO USE THIS FORM FOR SUBMISSION OF QUARTERLY REPORTS**☐ **1<sup>ST</sup> QUARTER (JULY, AUG, SEPT)** ☐ **2<sup>ND</sup> QUARTER (OCT, NOV, DEC)**☐ **3<sup>RD</sup> QUARTER (JAN, FEB, MAR)** ☐ **FINAL (APR, MAY, JUNE)**

	MATCH DOLLARS SPENT	GRANT DOLLARS SPENT
<b>Equipment:</b> Attach invoices as Appendix A.		
<b>Program Advertising &amp; Education – list vendor name:</b> Include personnel for education activities only. Attach copies of advertising and educational materials as Appendix B.		
<b>Cash:</b>		
<b>Personnel – list by name or job description:</b> DO NOT include personnel for education activities. Staff: For each personnel listed, include hourly rate and number of hours worked on project		
<b>Inmates:</b> List number of inmates and hours worked		
<b>Volunteers:</b> List number of volunteers and hours worked		
<b>Other:</b> Attach any other documentation as Appendix C.		
<b>TOTALS:</b>		

Please identify problems encountered, lessons learned, and any recommendations. Attach as Appendix D.